

# Guidelines for Completing the National Competence Assessment Document



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board  
of Ireland

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Guidelines for the Completion  
of the National Competence  
Assessment Documents for  
the Undergraduate Nursing  
Programmes

1<sup>st</sup> Edition (2019)

## Acknowledgements

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## Introduction

This guide has been developed to help Preceptors, undergraduate nursing students and all other stakeholders involved in Competence Assessment. Please read and become familiar with these pages. We recommend that they are read in conjunction with the Higher Education Institute (HEI) regulations and guidelines for assessment in practice placement.

Practice placement represents 50 per cent of the undergraduate nursing programmes and the development of skills, knowledge, professional behaviour and attitudes represent a key component in the undergraduate nursing students' attainment of competence to practice as a Registered Nurse. In keeping with the standards and requirements of the Nursing and Midwifery Board of Ireland ([NMBI 2016](#)), the National Competence Assessment Document acts as the record of continuous achievements by the undergraduate nursing student that is NMBI's requirement for registration. It is also a fundamental component for the successful progression through the undergraduate nursing programme.

### **Domains of competence for entry to the NMBI Register<sup>1</sup>**

*The Nursing and Midwifery Board of Ireland (NMBI) defines competence as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse (p. 17).*

There are six domains of competence that the undergraduate nursing student must reach upon completion of the education programme for entry to the Nursing Register held by the NMBI (2016 p. 18–19). These comprise:

#### **Domain 1: Professional values and conduct of the nurse competences**

*Knowledge and appreciation of the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse*

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<sup>1</sup> Adapted from Nurse Registration Programmes Standards and Requirements (NMBI, 2016:17)

**Domain 2: Nursing practice and clinical decision-making competences**

*Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a person-centred plan of care based on an explicit partnership with the person and his/her primary carer*

**Domain 3: Knowledge and cognitive competences**

*Knowledge and understanding of the health continuum, life and behavioural sciences and their underlying principles that underpin a competence knowledge base for nursing and healthcare practice*

**Domain 4: Communication and interpersonal competences**

*Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in a healthcare setting*

**Domain 5: Management and team competences**

*Using management and team competences in working for the person's wellbeing, recovery, independence and safety through the recognition of the collaborative partnership between the person, family and multidisciplinary healthcare team*

**Domain 6: Leadership potential and professional scholarship competences**

*Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skills and decision-making skills in nursing and the foundation for lifelong professional education, maintaining competency and career development*

**Assisting undergraduate nursing students to develop competence**

The purpose of the registration education programme is to ensure that upon successful completion of the programme, the graduate is equipped with the knowledge, understanding, professional attributes and skills necessary to practise as a competent and professional nurse. Undergraduate nursing students vary widely in their life experience on entry to an education programme. They normally develop their confidence and competence to practise as a nurse over the duration of their programme but at different rates of progress.

This depends on their prior knowledge and experience in healthcare, and also the rate at which they begin to apply knowledge and skills and professional values to practice placement as they encounter patients, service users, interdisciplinary colleagues and family members. Students with a documented disability who

have chosen to disclose it will be given the necessary support and associated reasonable accommodations in line with local policy.

Situational learning theories such as the cognitive apprenticeship model and the self-efficacy theory provide a suitable educational foundation for clinical teaching and assessment (McSharry 2012, McSharry & Lathlean 2017). Nursing students move along a continuum of learning starting with observation. It is essential that they are facilitated to participate in all the activities of the nursing team on the unit in order to feel a sense of belonging and part of the community of practice (McSharry 2012). The Preceptor can employ six teaching techniques to ensure the nursing student moves along this continuum and develops both performance and clinical reasoning and thinking competence (Collins, Brown, & Holum, 1991). The first one is **modelling** where the Preceptor demonstrates the practice to be learned. This is followed by **coaching** which involves delegating and guiding the nursing student's activity and observation of the performance (Collins *et al*, 1991). The Preceptor provides ongoing appropriate feedback and should try to verbalise their thought processes to the student while participating in practice. This allows the nursing student to gain access to the Preceptor's thinking and reasoning and in turn fosters the student's problem-solving and clinical reasoning skills (McSharry and Lathlean, 2017). The **scaffolding** technique accesses what level the nursing student is at and plans activities to progress the nursing student along the learning continuum. This teaching strategy is akin to continual assessment.

The aforementioned techniques focus on developing the nursing student's ability to perform in practice; the next three strategies focus on developing the nursing student's thinking skills. The first one is **articulation**. This is where the Preceptor questions the nursing student to elicit their problem-solving skills. It involves the Preceptor questioning the nursing student on their rationale for care and why they have chosen one action over the other or indeed challenge them with 'what if' scenarios to access what action the nursing student may have taken if the practice situation became more complex (Collins *et al*, 1991; McSharry, 2012). **Reflection** in practice is another technique that accesses the nursing student's cognition. The Preceptor at the end of the shift or following a learning opportunity encourages the student's self-reflection by asking them to assess their performance; that is their strengths and weaknesses. Finally, the teaching technique of **exploration** is where the Preceptor encourages the nursing student to set their future learning goals and practise more independently (Collins *et al*, 1991; McSharry, 2012; McSharry and Lathlean, 2017).

It is important that Preceptors have the ability to articulate and dialogue practice, carry out contextual questioning, encouraging nursing student's self-evaluation, provide situational, context specific feedback and be aware of strategies that build the student's self-efficacy and confidence to practise and learn.

Nursing students should have the opportunity to reflect on their care delivery in an analytical way within the milieu of practice, in order to identify how they can achieve best practice in line with current professional standards (McSharry, 2012; McSharry and Lathlean, 2017). Nursing students are currently allocated protected reflective time in practice placement to facilitate this learning strategy and this can be facilitated or directed by the Preceptor/Associate Preceptor, Clinical Placement Co-ordinator (CPC) or Link Academic Staff (NMBI 2016).

The overarching aim of the programme is to ensure that the graduate acquires the competences for critical analysis, problem-solving, decision-making, collaborative team-working, leadership, professional scholarship, effective interpersonal communication and reflection that are essential to the art and science of nursing. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by practice. Within a complex and changing healthcare service and population focus, it is essential that Preceptors facilitate nursing students to achieve these outcomes and that practice is informed by the best available evidence. The graduates develop a capacity for Continuing Professional Development (CPD) to maintain competence over a potentially long professional career.

## Levels of competence for the National Competence Assessment

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. To assist in determining if a nursing student has met the required level of competence, NMBI have detailed performance criteria based on Benner (1984) and Steinaker and Bell (1979) for each domain and relevant indicators which demonstrate if the performance criteria have been met.

### (Benner, 1984)

#### Novice

The nursing student has no/limited experience and understanding of the clinical situation, therefore, they are taught about the situation in terms of tasks or skills, taking cognisance of the theory taught in the classroom. The nursing student is taught rules to help them apply theory to clinical situations and to perform tasks.

#### Advanced beginner

The nursing student demonstrates acceptable performance based on previous experience gained in real clinical situations.

#### Competent

A nursing student who has gained experience and therefore can plan actions with a view to achieving efficiency and long-term goals. She/he has the ability to manage the complexity of clinical situations.

### (Steinaker & Bell, 1979)

#### Exposure

The nursing student has the opportunity to observe a situation, taking cognisance of the learning objectives of the programme and the practice placement.

#### Participation

The nursing student becomes a participant rather than an observer with the support of the Preceptor, where learning opportunities are identified in partnership.

#### Identification

The nursing student takes more responsibility for their own learning and participation and initiates appropriate action and evaluates same.

#### Internalisation

The nursing student makes informed decisions based on the information available and works as an autonomous practitioner.

#### Dissemination

The nursing student uses critical analysis to determine the outcomes of their actions and can give a rationale for their action to others.



## The level of competence required for each year of the programme

During each practice placement, nursing students have to achieve all domains and all indicators at the stated minimum level. In cases where the level is identified as 'and/or' the HEI will have a local policy identifying which level of competency is required. This level may vary according to the practice placement learning opportunities.

In cases where students may not be exposed to a specific learning opportunity to meet a required indicator, the preceptor must contact the CPC and/or Academic Link to put a plan in place to meet the learning outcome of this indicator. For example, the student and Preceptor, through simulated learning and discussion, can achieve the required learning outcomes.

Please see below the level of competence required for each year:

<b>Year</b>	<b>Benner</b>	<b>Steinaker and Bell</b>	<b>Level of Supervision</b>
<b>Year 1</b>	<b>Novice</b>	<b>Exposure and/or participation</b>	<b>Direct supervision</b>
<b>Year 2</b>	<b>Advanced beginner</b>	<b>Participation and/ or identification</b>	<b>Close supervision</b>
<b>Year 3</b>	<b>Advanced beginner</b>	<b>Participation and/or identification</b>	<b>Indirect supervision</b>
<b>Year 4 Supernumerary</b>	<b>Advanced beginner</b>	<b>Identification</b>	<b>Distant supervision</b>
<b>Year 4/4.5 Internship</b>	<b>Competent</b>	<b>Internalisation and dissemination</b>	<b>Distant supervision</b>

## Supervision for Undergraduate Nursing Students<sup>2</sup>

### Existing standards for undergraduate nursing education programmes

Supervision requirements of undergraduate nursing students by Preceptors throughout the four/four-and-a-half years of the programme are explicitly defined within the Nurse Registration Programmes Standards and Requirements (NMBI, 2016) document. The Explanation of Terms (page 135) describes indirect and direct supervision within the context of the Scope of Nursing and Midwifery Practice Framework.

### Supervision

Supervision is defined by NMBI as ‘the provision of oversight, direction, guidance or support by a nurse or midwife to nursing students. Supervision may be direct or indirect’ (NMBI, 2016). *‘Direct supervision means that the supervising nurse or midwife is actually present and works with the nursing student undertaking a delegated role or activity. Indirect supervision implies that the nurse or midwife does not directly observe the nursing student undertaking a delegated role or activity. Both direct and indirect supervision can include oversight, direction, guidance and support and evaluation’* (NMBI, 2016).

**Year 1:** This level recognises that the undergraduate nursing student is a **novice** to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will **directly supervise** the nursing student when participating in the care provided to people in the practice setting across the life continuum. ***Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users.*** It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

**Year 2:** This level recognises that the undergraduate nursing student is an **advanced beginner** and has had some exposure and participation in the provision of care in the practice environment. The undergraduate nursing student needs both the assistance and **close supervision** of the Registered Nurse while participating in the provision of person-centred nursing. ***Close supervision is defined as the presence or close proximity to the undergraduate nursing student while providing delegated nursing care to patients/service users and supports family members.*** Frequent prompting may be required to support the nursing student in the provision of person-centred nursing and in the identification of its underpinning evidence. The nursing student begins to identify learning needs through discussion with the Preceptor/Associate Preceptor.

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<sup>2</sup> Chief Education Officer, 14.04.16, Addendum to Standards and Requirements for Nursing Undergraduate Education Programmes

**Year 3:** At this level, the nursing student is an advanced beginner under the *indirect supervision* of the Registered Nurse. The nursing student can identify the needs of persons and primary carers in practice and begins to adopt a problem-solving approach to the provision of safe nursing care. ***Indirect supervision is defined as the Preceptor being accessible to the undergraduate nursing student for guidance and support while providing delegated nursing care to children/persons/service users and supports family members.*** The undergraduate nursing student actively participates in the assessment, planning, delivery and evaluation of person-centred nursing and is able to provide a rationale for actions. It may be difficult for the nursing student to prioritise care in particular or complex situations.

**Year 4/4.5:** At this level, the undergraduate nursing student will be expected to competently apply a systematic approach to the provision of person-centred practice to an allocation of patients/service users under the *distant supervision* of a Registered Nurse. ***Distant supervision is defined as the undergraduate nursing student providing safe and effective delegated nursing care to children/persons/service users and supporting family members. The undergraduate nursing student accepts responsibility for the provision of delegated care and recognises when the guidance and support of the Preceptor and Registered Nurse is required and seeks such assistance in a timely manner.*** The nursing student must demonstrate evidence-based practice and critical thinking. The nursing student is capable of supporting the person and their primary carers and to work collaboratively with professional colleagues within the clinical environment. The nursing student also possesses many attributes including practical and technical skills, communication and interpersonal skills, organisational and managerial skills and the ability to perform as part of the healthcare team, demonstrating a professional attitude, accepting responsibility and being accountable for one's own practice.

## National Competence Assessment Document

Each undergraduate nursing student has a National Competence Assessment Document that is shared with the Preceptor/Associate Preceptor throughout the practice experience. This forms the basis of regular discussion of learning needs and also ensures records of achievement are completed regularly.

Each practice placement requires a clinical assessment. A Preceptor who has relevant expertise in assessment must complete the assessment<sup>3</sup>. The assessment should usually involve one assessor (Preceptor) and one nursing student but may include other assessors. Learning experiences must be monitored by a Registered Nurse and the placement's final assessment process must involve a Registered Nurse. Protected time **must be** set aside to complete the assessment<sup>4</sup>.

Assessments should be carried out within the context of practice so that evidence of skills, professional behaviour and knowledge is captured. While facilitating the nursing student's learning using the teaching methods of coaching and articulation the Preceptor/Associate Preceptor will use a combination of assessment methods, for example, questioning and/or direct observation. Questioning allows the Preceptor to assess the nursing student's knowledge, problem-solving and clinical reasoning skills while also assessing the nursing student's attitudes such as respect, compassion, care and commitment to the patient. Observation measures the accuracy of practice and demonstration of affective skills such as caring and compassion and level of autonomy.

The fundamental requirement of each Preceptor/Associate Preceptor is to support and facilitate nursing students to understand the specific practice placement learning outcomes and to meet their learning needs during practice placement. These must be discussed at the preliminary interview to allow students to identify their learning needs and agree with an achievable learning plan.

As a Preceptor/Associate Preceptor, there is an additional requirement not only to support and facilitate the nursing student but also to take part in their assessments of practice. Nursing students undertaking the registration education programme do so under the supervision of a Registered Nurse who has been designated as their Preceptor/Associate Preceptor and under the wider supervision and direction of a team of Registered Nurses within each practice setting. In some cases, an undergraduate nursing student will require additional guidance and support to achieve aspects of their practice which have been identified to them as not meeting the required standard. In some cases, a Learning Support Plan will be developed and the nursing student will avail of the support of the CPC. The support of the CPC is required to ensure that

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<sup>3</sup> Adapted from Nurse Registration Programmes Standards and Requirements (NMBI, 2016:124)

<sup>4</sup> Adapted from Nurse Registration Programmes Standards and Requirements (NMBI, 2016:126)

the nursing student clearly understands what they are required to achieve. Initially, a Learning Support Plan, consistent with the local policy, will be devised and implemented in a timely manner.

The Preceptor/Associate Preceptor/Supervisor should facilitate the undergraduate nursing student to achieve the appropriate level of competence. Comments should be written by the nursing students and the Preceptor/Associate Preceptor/Supervisor at every stage of the assessment process, preliminary, mid-point and final interview. If the Preceptor/Associate Preceptor/Supervisor is concerned that the nursing student may not be able to achieve the required level of competence during or by the end of the practice placement, the CPC and Link Academic Staff are informed as per local policy.

In some practice placements, certain learning opportunities may not be available to achieve a particular competency indicator. In this situation, the competency indicator must be achieved using appropriate alternative learning opportunities, for example, practice placement discussion, clinical skills simulations and/or review of PPPGs. If this is the case the Preceptor should consult with the CPC and/or Link Academic Staff.

Assessment decision	Criteria
<b>Achieved</b>	The undergraduate nursing student has consistently demonstrated the achievement of all of the Domains of Competence as per NMBI and demonstrates safe practice.
<b>Not achieved</b>	The undergraduate nursing student has not consistently demonstrated the achievement of all the Domains of Competence as per NMBI and/or demonstrates unsafe practice.

# Guidance for Completion of the National Competence Assessment Document

## Nursing student responsibilities

The nursing student must take advantage of every opportunity to engage with the Preceptor/Associate Preceptor/Supervisor and to avail of the learning opportunities. In addition, the nursing student is responsible for the completion and submission of the National Competence Assessment Document as per HEI policy.

### The nursing student is required to demonstrate the following:

- Familiarise themselves with the local HEI and healthcare providers' policies, protocols, procedures and guidelines (PPPGs) relevant to undertaking practice placement.
- Familiarise themselves with practice placement learning outcomes.
- Follow the local HEI attendance policies and processes.
- Regularly seek feedback from the Preceptor/Associate Preceptor/Supervisor to help make a realistic self-assessment of the experience and achievement.
- Make the National Competence Assessment Document available to the Preceptor/Associate Preceptors/Supervisor, CNM, and CPCs upon request.
- Submit the National Competence Assessment Document to the designated School/Department office of the HEI by the required submission date. As with all work submitted it is the nursing student's responsibility to keep a copy of all work submitted.

## Preceptor/Associate Preceptor responsibilities

The Preceptors/Associate Preceptors provide guidance and support to the nursing student while on practice placement. The Preceptors/Associate Preceptors should be supported by the CPC and/or Link Academic Staff regarding the nursing student's competences while on practice placement.

### The Preceptor is required to:

- Be a registered practitioner with NMBI.
- Have experience in the area of clinical practice.
- Have completed a teaching and assessing course approved by NMBI and updates in line with local policy.
- Maintain undergraduate nursing students' supernumerary status.

- Ensure the student is orientated to the practice placement area and practice placement learning outcomes on the first day of placement.
- Agree on specific practice placement learning outcomes at the preliminary interview. This must occur within the first two days of placement.
- Supervise, organise, coordinate and evaluate appropriate nursing student learning activities in the practice placement area and provide feedback as required.
- Provide learning opportunities that will fulfil the requirements of the six domains of competence.
- Conduct preliminary, mid-placement (where applicable) and final interviews.
- Guide reflective practice with undergraduate nursing students.
- Ensure the implementation of protected time for reflective practice every week.
- Ask questions to determine the nursing student's ability to link theory to practice towards the provision of safe and effective evidence-based care, using the six domains of competence for entry to the Register.
- Provide evidence of the nursing student's achievement or the lack of achievement as required by the HEI.
- Provide nursing students, if required, with additional learning supports in a timely manner, in line with HEI policy.
- Ensure that the National Competence Assessment Document is completed in line with the HEI policy.

### **Clinical Placement Coordinator responsibilities**

The CPC provides guidance, support, facilitation and monitoring of the practice-based learning of undergraduate nursing students during practice placement. The CPC ensures that all the requirements of the education programme are met by the practice placement in accordance with local policy.

#### **The CPC is required to:**

- Regularly liaise with the Preceptor/Associate Preceptors to discuss the progress of nursing students.
- Provide support and guidance to the Preceptor/Associate Preceptor to ensure that students have the opportunity to achieve the required learning outcomes and competences.
- Provide support and guidance to the nursing student to ensure that they have the opportunity to achieve the required learning outcomes and competences of the practice placement.

- Ensure that the nursing student has been assigned a Preceptor/ Associate Preceptor/Supervisor, in line with NMBI standards and requirements<sup>5</sup>.
- Liaise with Link Academic Staff, as required, in line with HEI policies and procedures.

**Supervisors on non-nurse-led practice placements are required to:**

- Conduct preliminary, middle (not required for short practice placements) and final interviews with the nursing student.
- Provide learning opportunities to the nursing student in line with specific practice placement learning outcomes.
- Supervise the nursing students and indicate when specific learning outcomes have been achieved or not achieved.
- Review all of the domains of competence and their indicators with the nursing student in line with specific practice placement learning outcomes.
- Conduct assessment in accordance with NMBI guidelines and standards and requirements.

**Note:** The CPC /link academic staff/ practitioner registered with NMBI **must** ensure that the assessment process was conducted correctly and in accordance with NMBI guidelines and standards and requirements.

## Competence Assessment Process

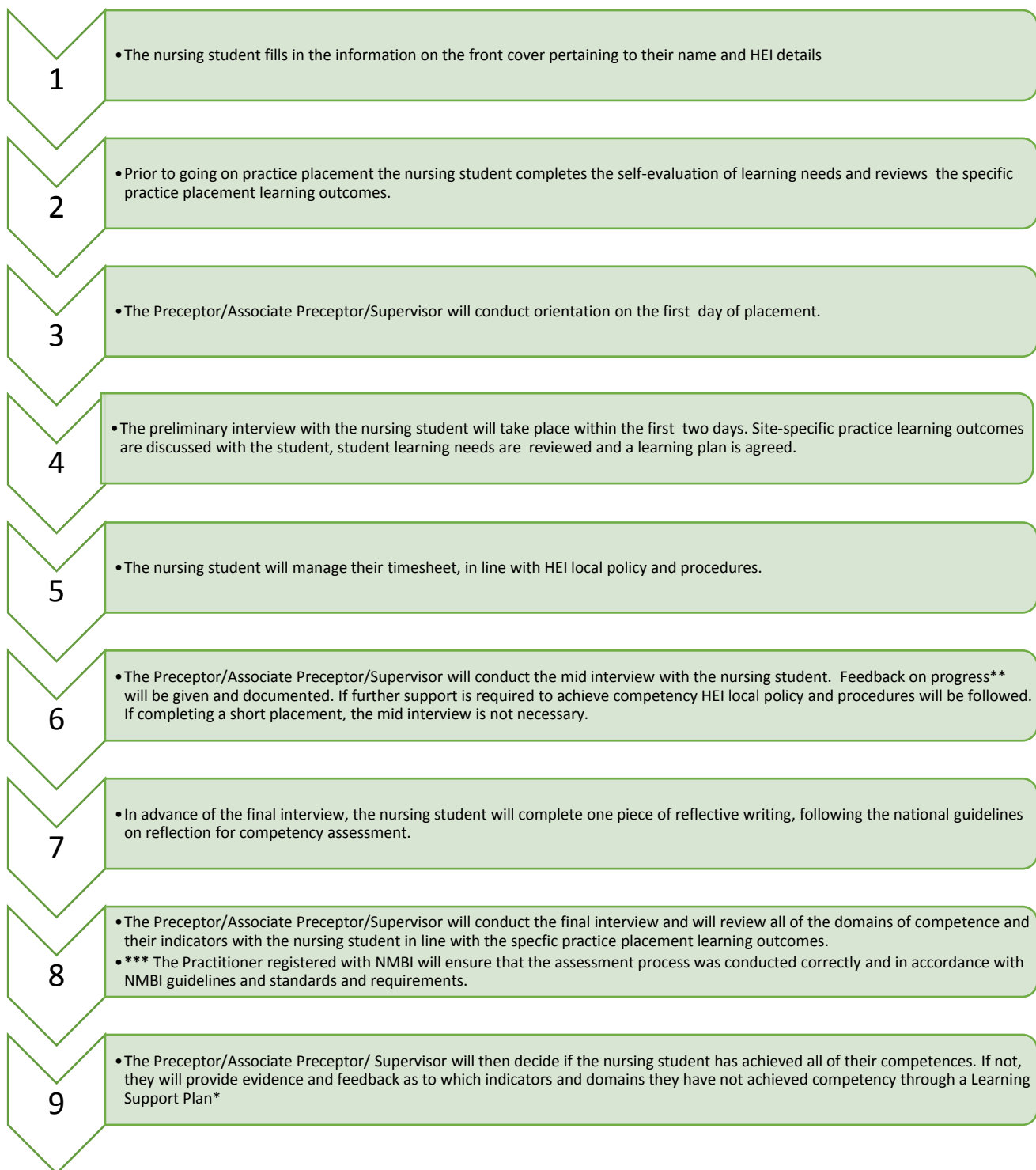
For each year of the programme, there is a National Competence Assessment Document(s) to be completed during practice placements. Within each document, there are a number of indicators related to the six domains of practice that must be achieved. Students will be required to demonstrate skills, undertake activities, discuss and answer questions, prepare written notes, present case studies or undertake reflection on situations encountered. Knowledge, skills and competence will be developed through interactions with persons, service users, nursing colleagues and members of the multidisciplinary team. Certain indicators may be met through simulation either in a practice setting or in a clinical skills laboratory as part of theoretical and practical studies.

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<sup>5</sup> Adapted from Nurse Registration Programmes Standards and Requirements (NMBI, 2016:124–3.2.6.6)



## Guidelines for completing the NMBI National Competence Assessment flowchart



\*A learning support plan should be implemented in conjunction with a CPC and/or Link Academic Staff in a timely manner to support student learning.

\*\*Progress notes can be made at any time during placement, in line with HEI local policy and procedures.

\*\*\*Only in short practice placement where the Supervisor is not a Registered Nurse.

## Prior to practice placement

Prior to practice placement, the nursing student is required to familiarise themselves with the HEI practice placement/Competence Assessment policy and all other HEI policies that relate to practice placement such as reasonable accommodations policy; attendance policy, etc. In advance of the preliminary interview, the nursing student must complete their self-evaluation of learning needs and expectations in line with practice placement learning outcomes and identify their learning needs for the placement.

All nursing students will be supervised and assessed primarily by a Preceptor/Associate Preceptor. The Preceptor/Associate Preceptor can discuss the student's progress with other Registered Nurses within the practice placement. Only a Registered Nurse who has completed teaching and assessing programme recognised by the NMBI can sign off the National Competence Assessment Document.

## Preliminary interview

In both short practice placement (less than four weeks) and longer practice placement (four weeks or more), the student will complete an orientation to the practice placement on the first day. Within the **first two days of commencing placement**, the student will undertake a preliminary interview with the Preceptor/Associate Preceptor/Supervisor. At this interview, the student will review their identified learning needs and discuss learning opportunities available in that setting. The student and Preceptor will review the practice placement learning outcomes to identify the student's learning needs and learning opportunities necessary to achieve the domains of competences and/or indicators.

## Mid interview (where applicable)

The mid interview provides the student and Preceptor/Associate Preceptor/ Supervisor with an opportunity to review the student's achievements to date and provide feedback on what areas of practice need further development and to identify priorities and opportunities for their achievement.

It is important that at this mid interview, a note of the nursing student's learning needs and progress is completed and agreed with the Preceptor/Associate Preceptor/ Supervisor. The student should inform and discuss with the Preceptor/Associate Preceptor/ Supervisor and/or CPC if they are having difficulties in gaining the experience necessary to achieve the competences agreed.

At the mid interview, the Preceptor may identify that the student is not achieving the agreed learning for this stage of the practice placement. This should be discussed with the CPC and Preceptor/Associate Preceptor/Supervisor/Academic Link Staff in line with local policy. In this case, additional supports will be provided by the HEI and Associated Health Care Provider (AHCP) to assist the student to meet the outcomes specified in line with local policy.

## **Final interview**

The final interview allows for a review and a record of the overall learning during the practice placement. Students must fulfil all the requirements of the six domains and/or indicators to achieve competence in the practice placement. Where competence is not achieved, it is important that clear feedback is given and recorded as to how the student can improve their learning. Precise areas for improvement in practice will be identified. This should be discussed with the CPC and Preceptor/Associate Preceptor/Supervisor/Academic Link Staff in line with local policy.

Undergraduate nursing students who do not achieve the relevant level of competence will be afforded further opportunities to achieve their requirements through a period of additional practice placement in line with HEI local policy and procedures.

## **Reflective practice**

Reflection is a process of knowledge acquisition originating in practice and best suited to solving complex practice-based problems (Schön, 1987). Reflection is about reviewing experience from practice so that it may be described, analysed, evaluated and consequently used to inform and change future practice in a positive way (Bulman, An Introduction to Reflection, 2008). It involves opening one's practice for others to examine, and consequently requires courage and open-mindedness, as well as a willingness to take on board, and act on, criticism. Ultimately and importantly, reflection in nursing is connected with professional motivation to move on and do better within the practice in order to learn from experience and critically examine 'Self' (Bulman, Lathlean, & Gobbi, The Concept of Reflection in Nursing: Qualitative Findings on Student and Teacher Perspectives, 2012).

The Gibbs model of reflective practice is used in the National Competence Assessment Document to guide nursing students on the process of reflection. Reflection must relate to situations encountered by nursing

students in their practice placement whereby learning is of value to the enhancement of professional nursing practice. Particular situations may include a positive experience where something went well or a negative experience where the nursing student needs to think and reflect about what has happened and how to deal with the situation effectively if it occurs again in the future. Following each part of the Gibbs reflective cycle, the nursing student must integrate learning from the experience with theory to further inform their professional practice in the practice placement setting. Reflection provides the opportunity to enhance clinical reasoning while having a positive impact on patient care (Caldwell & Grobbel, 2013).

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives encourages the use of reflective practice in the development of understanding for professional responsibilities in caring for a patient in a safe, ethical and effective way (NMBI, 2014). Being safe, ethical and effective is being mindful of doing what is right and good. It is being aware of the consequences of one's decisions and actions on the other. To realise effective healthcare practice the practitioner must necessarily develop ethical competence (Johns, 2013). Ethical practice requires ethical or moral courage. It demands constant reflection and awareness of one's own practice and the effect it can have on others and the importance of advocating for what is needed to make the moral community strong (Canadian Nurses Association, 2010).

The nursing student who engages in reflection as part of their learning can create an objective view of their progress and see what is going well and what needs to be developed further. Regular or daily reflection helps after an event such as carrying out a clinical procedure, engaging with patients/staff, critical incidents or just a difficult day. Clinical learning is also enhanced when nursing students are empowered to reflect on their experiences of the practice placement setting.

As a nursing student, it is not enough to only engage in reflection after the experience has occurred, known as reflection-on-action. Reflective practitioners must also develop the ability to reflect-in-action which will allow them to solve problems more effectively when facing uncertainty and novel situations (Stoner & Cennamo, 2018).

**Reflection-on-action** is the retrospective analysis and interpretation of practice in order to uncover the knowledge used and accompanying feelings within a particular situation. It occurs after the event and therefore contributes to the continuing development of skills, knowledge and practice.

**Reflection-in-action** is the process whereby the nursing student recognises a new situation or problem and thinks about it while still acting. The nursing student is able to select and remix responses from previous experience when deciding how to solve a problem in practice.

## **Protected time for reflection**

In order to guide a nursing student, Preceptors/Supervisors, CPCs and Link Academic Staff must have a sound knowledge of reflective practice, its concept, its foundational theories, influences and values (Parish & Crookes, 2014) to be able to support and facilitate nursing students to develop effective reflective practice. All the key people involved in the clinical learning environment should devise innovative and effective ways to maximise the opportunity for nursing students to reflect on and learn from their clinical experience and that specific period of protected time **must** be identified for reflection during supernumerary and internship placements (Nurse Education Forum, 2000). NMBI (Nurse Registration Programmes Standards and Requirements, 2016) requires a minimum of four hours of reflective time per week.

## **Guidelines for reflective writing**

As part of the nursing student's Competence Assessment, the nursing student is required to complete ONE piece of reflective writing per placement, regardless of duration. The purpose of reflective writing is to demonstrate learning. The reflective writing is to provide one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain. The nursing student should follow the template provided in the competence assessment document. The nursing student, Preceptors/Supervisor /CPC/Link Academic Staff must ensure the content of the reflective writing piece is anonymised.

## ABBREVIATIONS OF TERMS

HEI – Higher Education Institution

CPC – Clinical Placement Coordinator

CNM – Clinical Nurse Manager

NMBI – Nursing and Midwifery Board of Ireland

AHCP – Associated Health Care Providers

## GLOSSARY OF TERMS

### **Associated Health Care Providers**

Hospitals and services that provide practice placement for nursing students.

### **Assessment of clinical practice**

The key concepts associated with clinical assessment are that assessment must judge the nursing student's abilities in clinical practice, including an opportunity for self-assessment, make explicit the expected outcomes and criteria and include feedback (NMBI, 2016).

### **Applicant**

Applicant refers to an individual who applies to NMBI to have his/her name entered in the relevant division of the register as maintained by the Board.

### **Assessment**

Assessment involves determining the extent to which an individual reaches the desired level of competence in skill, knowledge, understanding or attitudes in relation to a specific goal. Assessment measures the integration and application of theory to client care learned throughout the programme and requires the candidate nurse to demonstrate proficiency within practice through the achievement of learning outcomes.

### **Candidate**

A candidate means a person pursuing a training course leading to entry to a division of the register and whose name has been entered on the Candidate Register.

### **Candidate Register**

The Board shall establish and maintain a Register of Candidates admitted for training on which the name of every such candidate shall be entered.

## **Clinical Placement Co-ordinator**

Drennan (An Evaluation of The Role of the Clinical Placement Co-ordinator in Student Nurse Support in the Clinical Area, 2002) defined the CPC as ‘an experienced nurse who provides dedicated support to nursing students in a variety of clinical settings.’ The primary functions of the role include guidance, support, facilitation and monitoring of learning and competence attainment among undergraduate nursing students through reflective practice.

## **Competence**

The attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. Competence relates to ensuring the individual nurse’s scope of practice with a division of the register is maintained through continuing professional development. The nurse may need to upskill, update or adapt competence if she/he works in a different practice setting or with a different profile of services use (NMBI, 2016).

## **Competences**

The development of competence for a specified discipline represents the goal of an education programme; competences are specified in a manner that renders them assessable and develops incrementally throughout a programme of study. ‘Competences represent a dynamic combination of cognitive and meta-cognitive knowledge, intellectual and practical skills and ethical values’ (Nursing Subject Area Group (SAG) of the Tuning Project, 2011).

## **Competence framework**

A complete collection of competences and their indicators that are central to and set the standards of effective performance for a particular client group (Nursing and Midwifery Council, 2010).

## **Domains of competence**

These are defined as broad categories that represent the functions of the Registered Nurse in contemporary practice.

## **Indicators**

Statements of the behaviour that would be observed when the effective performance of competence is demonstrated.

**Knowledge**

The cognitive representation of ideas, events or happenings. It can be derived from practical or professional experience as well as from formal instruction or study. It can comprise description, memory, understanding, thinking, analysis, synthesis, debate and research.

**Learning support**

When an undergraduate nursing student requires additional guidance and support to achieve the agreed practice placement learning outcomes, a learning support plan will be put in place in line with HEI policy and procedures and in a timely manner.

**Learning outcomes**

Defined as 'statements of what a learner is expected to know, understand and be able to demonstrate after completion of learner experience and are the expression in terms of the level of competence to be obtained by the learner' (Nursing Subject Area Group (SAG) of the Tuning Project, 2011). Site-specific learning outcomes are required for each practice placement.

**Practitioner registered with NMBI**

Any Registered Nurse or midwife who has completed the prescribed education preparation programme recognised by NMBI leading to registration, demonstrates competence to practice and is registered on the active register of nurses and midwives maintained by NMBI.

**Preceptor/Associate Preceptor**

A Preceptor/Associate Preceptor is a Registered Nurse. They are responsible for orientating, supervising and assessing the candidate nurse. The role involves facilitating learning opportunities and assessing the competence of the candidate nurse on a continuing basis throughout the period of supervised practice. The Preceptor/Associate Preceptor is an experienced Registered Nurse who acts as a role model and resource person for the candidate nurse assigned to him/her.

**Primary carer**

Someone who is providing an ongoing significant level of care to a person who is in need of care in the home due to illness or disability or frailty (HSE, 2016).

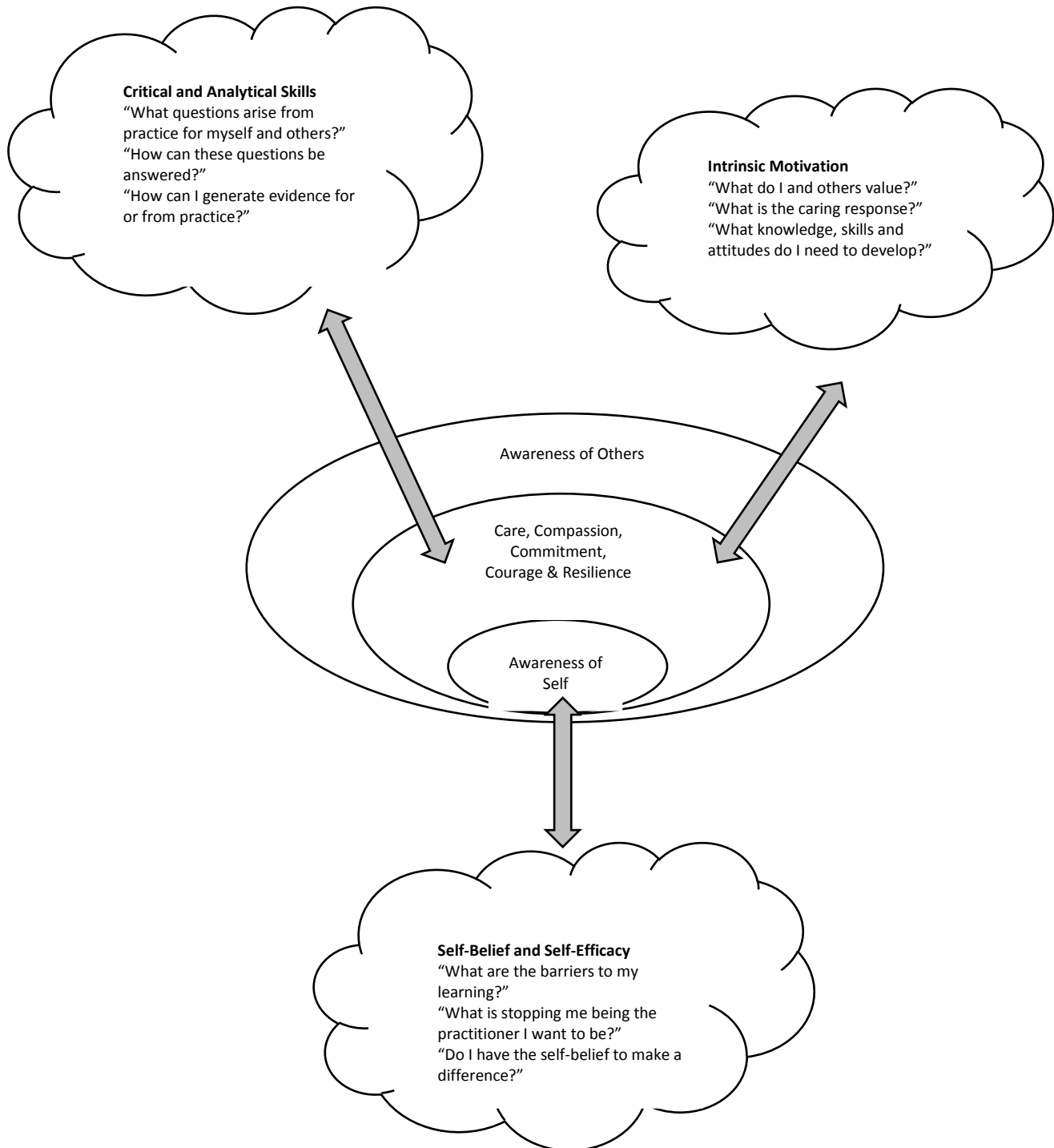
**Supervisor**

The Supervisor is a member of the multidisciplinary team, health and social care or education professionals registered with another regulatory body.



## APPENDIX 1: SELF-EVALUATION OF LEARNING NEEDS AND EXPECTATIONS

A guide to help you with your self-evaluation



(McLean, 2012)

Values for Nurses and Midwives in Ireland (NMBI, 2016)

With thanks to the Faculty of Health Sciences of the University of Southampton for allowing the use of some of their principles outlined in their assessment of practice document for adult nursing students.

## Appendix 2: Members of the National Steering Committee for the Development and Implementation of the National Competence Assessment Document

The Nursing and Midwifery Board of Ireland wishes to acknowledge the support, expert assistance and advice it received through series of working meetings with the members of the national steering committee in developing and implementing the National Competence Assessment Document.

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